

Date
Received: _____

Parcel ID: _____

Fee: _____

Project Zoning District(s): _____

Town of Fairfax
Development Review Board (DRB)
PROJECT APPLICATION

(refer to Fairfax Zoning Bylaws, Article 2, Section 2.1.B. for projects requiring DRB approval)

1. Owner of Record: (Name and Address)

Phone: _____

2. Applicant or Representative: (if different from the above)
(Name and Address)

Phone: _____

3. Location of Property: _____

4. Please provide a brief description of the proposed use of this property for which this application is being submitted:

5. Legal Description of Property: Book: _____ Page: _____ Date: _____

Recorded Survey: Book: _____ Page: _____ Date: _____ or Slide: _____

6. List any easements, covenants, restrictions and rights-of way to which this property is subject:

7. Please refer to the Zoning Bylaws and Subdivision Regulations, and confer with the Zoning Administrator to determine what materials must be included with this application.

8. Attach the names of all abutting and cross-street property owners and submit this application, along with the required application materials, and the appropriate fee, to the Zoning Administrator.

Signature of Owner

Date